



LIGHT VEHICLE INSPECTION REPORT FORM

The inspection report form is required for every 5,000 km. A separate report must be completed for each unit. After completion this report shall be forwarded to the DBN Drywall & Acoustics Ltd Manager.

EMPLOYEE INFORMATION			
Name:		License Number:	
Work Location:		Work Phone Number:	
VEHICLE INFORMATION			
Operations:		Year:	
Date:		License #:	
Vehicle unit number:		Serial #:	
Make:		Mileage:	
Model:		Cylinders:	4 6 8 Other _____
INSPECT AND CHECK ONE:			
LIGHTS	STATUS	VEHICLE PART	STATUS
Head Lights:	<input type="checkbox"/> OK <input type="checkbox"/> Out	Back-up Lights:	<input type="checkbox"/> OK <input type="checkbox"/> Out
Parking Lights:	<input type="checkbox"/> OK <input type="checkbox"/> Out	Side Lights:	<input type="checkbox"/> OK <input type="checkbox"/> Out
Tail Lights:	<input type="checkbox"/> OK <input type="checkbox"/> Out	Flashers Lights:	<input type="checkbox"/> OK <input type="checkbox"/> Out
Directional Lights:	<input type="checkbox"/> OK <input type="checkbox"/> Out	Others Lights:	<input type="checkbox"/> OK <input type="checkbox"/> Out
INSPECT AND CHECK ONE:			
TIRES	STATUS	VEHICLE PART	STATUS
Front left Tire:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Front right Tire:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Rear left Tire:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Rear right Tire:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Conventional spare:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Snow tires:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mini spare:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Note and explain uneven wear:			
INSPECT AND CHECK ONE:			
BRAKES	STATUS	VEHICLE PART	STATUS
Check Brake Pedal:	<input type="checkbox"/> High <input type="checkbox"/> Low	Check Brake Fluid:	<input type="checkbox"/> Full <input type="checkbox"/> Low
Check for master cylinder leaks; explain conditions:			
INSPECT AND CHECK ONE:			
EXTERIOR	STATUS	COMMENT – DAMAGE	
Exterior Paint Condition:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Chrome Condition:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Windshield Wipers:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		



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INSPECT AND CHECK ONE:			
EXTERIOR	STATUS	COMMENT – DAMAGE	
Glass Condition:	<input type="checkbox"/> No Damage <input type="checkbox"/> Damaged		
Explanation of overall exterior condition:			
INSPECT AND CHECK ONE:			
INTERIOR	STATUS	COMMENT – DAMAGE	
Interior Appearance:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Seats Condition:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Floor mats:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Knobs, handles, etc.:	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
INSPECT AND CHECK ONE:			
ACCESSORIES:	STATUS	ACCESSORIES:	STATUS
Flash light:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguisher:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Horn working:	<input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid Kit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety belts:	<input type="checkbox"/> Work <input type="checkbox"/> Not Work	Flares/Reflectors (2-6):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rear Defroster:	<input type="checkbox"/> Work <input type="checkbox"/> Not Work	Jack:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accident report kit:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Handle and base:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's manual:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lug wrench:	<input type="checkbox"/> Yes <input type="checkbox"/> No
INSPECT AND CHECK ONE:			
ENGINE COMPARTMENT	STATUS	COMMENT – DAMAGE	
Engine:	<input type="checkbox"/> Clean <input type="checkbox"/> Dirty		
Engine Oil:	<input type="checkbox"/> Full <input type="checkbox"/> Low		
Mileage of last oil change:			
Mileage of last lubrication:			
Mileage of last filter change:			
Windshield washer fluid:	<input type="checkbox"/> Full <input type="checkbox"/> Low		
Battery water level:	<input type="checkbox"/> Full <input type="checkbox"/> Low		
Transmission fluid condition:	<input type="checkbox"/> Full <input type="checkbox"/> Low	Color: <input type="checkbox"/> Red <input type="checkbox"/> Black	
Power steering fluid:	<input type="checkbox"/> Full <input type="checkbox"/> Low		
OVERALL RATING: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Driver Comments:			
Inspector Comments:			
Inspector Signature:		Driver Signature:	
Completion Date:			